

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		1				
6	1					
7		1				
8		1				
9		1				
10		3				
11		3				
12		3				
13		1				
14	1					
15		1				
16		1				
17		1				
18	1					
19		1				
20		2				
21		2				
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28		1				
29		1				
30		1				
31		1				
32		5				
33		1				
34		1				
35		1				
36		1				
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	48					
TOTAL CLAIMS	53					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						